FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden hours per form 16.00



Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) Lindsay Goldberg & Bessemer II – A L.P.
Filing Under (Check box(es) that apply:) ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE
Type of Filing: ⊠ New Filing ☐ Amendment
A. BASIC IDENTIFICATION DATA
Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Lindsay Goldberg & Bessemer II – A L.P.
Address of Executive Offices (Number and Street, City, State Zip Code) 630 Fifth Avenue, 30th Floor, New York, New York 10111 Telephone Number (including Area Code) 212-651-1100
Address of Principal Business Operations (Number and Street, City, State and Zip Code) (if different from Executive Offices)
Brief Description of Business: Private investment fund AUG 0 8 2006
Type of Business Organization THOMSON
☐ corporation ☐ limited partnership, already formed FINANQIAL other (please specify):
□ business trust □ limited partnership, to be formed □
Actual or Estimated Date of Incorporation or Organization: Month
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date or which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, on have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form.
This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate

federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	В													

- 2. Enter the information requested for the following:
 - * Each promoter of the issuer, if the issuer has been organized within the past five years;
 - * Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

* Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	X	General and/or Managing Partner
Full Name (Last name first, if individual)		
Lindsay Goldberg & Bessemer GP II LLC		
Business or Residence Address (Number and Street, City, State, Zip Code)		
630 Fifth Avenue, 30th Floor, New York, New York 10111		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director Officer of General Partner	×	General and/or Managing Partner
Full Name (Last name first, if individual) Goldberg, Alan E.		
Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 30th Floor, New York, New York 10111		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director Officer of General Partner	×	General and/or Managing Partner
Full Name (Last name first, if individual) Lindsay, Robert D.		
Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 30th Floor, New York, New York 10111		
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director	0	General and/or Managing Partner
Full Name (Last name first, if individual) Bessemer LGB LLC		
Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, New York, New York 10111		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director		General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)	: •	1 (1) (1) (1) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)	•	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Carrier Sala	1000		2.246	9 K. S. B.	INFORMA	TION ABOU	JT OFFERII	VG	·							
1. Has the											Yes	No ⊠				
2. What is the minimum investment that will be accepted from any individual? (subject to waiver)												\$10,000,000				
2 Dece th		amaik inimk d	aanabin al	fa almala	-140						Yes	No				
3. Does the	ie offering p	ermit joint t	ownership of	r a single ur	11(7		***************************************	***************************************	••••••		X					
person t states, li broker o	ssion or sim to be listed list the nam or dealer, yo	ilar remune is an assone of the broom ou may set	ration for so ciated perso oker or deal forth the info	licitation of on or agent er. If more	purchasers of a broker than five (5	in connectio or dealer re b) persons to	n with sales gistered wit be listed a	of securities of the SEC a	s in the offe and/or with a	ring. If a state or						
Full Name (I	•	first, if indivestor Serv		,												
Business or	r Residence	Address (1	Number and	Street, City	State Zin	Code)										
			York, NY		, 0.0.0, 2.6	0000,										
Name of As	sociated R	roker or De	aler													
				···								 				
States in WI (Check "Al											IX	All States				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]				
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]				
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
[RI]	[SC]	[SD]	[TN]	[ТХ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]				
Full Name (Last name	tirst, it indiv	iduai)													
Business or	r Residence	Address (Number and	Street, City	, State, Zip	Code)					•					
Name of As	sociated B	roker or Dea	aler									•				
States in WI	hich Perso	n Listed Ha	s Solicited o	r Intends to	Solicit Purc	hasers										
(Check "Al	Il States" oi	check indiv	vidual States	s)							[All States				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)				
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]				
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
[RI] Full Name ([SC]	[SD]	[MT]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]				
Tall Hallic (Lastrianie	mot, a marv	iddai)													
Davis	- D - 11	A dala /1		O44 O'4	. 04-4- 71-	0 - 1 - 1										
Business or	r Residence	e Adaress (1	number and	Street, City	/, State, Zip	Code)										
Name of As	ssociated B	roker or Dea	aler													
									_							
States in W] All States				
			vidual States	<u> </u>			(DE)	IDO)		(CA)						
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI] [MS]	[ID]				
[IL] [MT]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]		[MO]				
113/1 1 1	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in the already sold. Enter "0" if answer is "none" or "zero." If offering, check this box and indicate in the columns believed for exchange and already exchanged. 	the transaction is an exchange			
Type of Security		Aggregate Offering Price		Amount Already Sold**
Debt	\$		\$	
Equity			_	
☐ Common ☐ Preferre			-	
Convertible Securities (including warrants)			\$	
Partnership Interests			-	1,303,000,000 *
Other (Specify)			\$	
Total			-	
Answer also in Appendix, Column 3, if filing under 2.Enter the number of accredited and non-accredited investors aggregate dollar amounts of their purchases. For offerings und purchased securities and the aggregate dollar amount of their purchased.	ULOE. who have purchased securities in this er Rule 504, indicate the number of p rchases on the total lines. Enter "0" i	s offering and the ersons who have	-	
or "zero."		Number Investors		Aggregate Dollar Amount of Purchases
Accredited Investors		17	\$_	1,303,000,000
Non-accredited Investors		0	\$_	0
Total (for filings under Rule 504 only)			\$	
Answer also in Appendix, Column 4, if filing under	ULOE.		-	
3. If this filing is for an offering under Rule 504 or 505, enter the into date, in offerings of the types indicated, in the twelve (12) month Classify securities by type listed in Part C-Question 1.		·		Dollar Amount
Type of offering		Security		Sold
Rule 505		N/A	\$_	N/A
Regulation A		N/A	\$_	N/A
Rule 504		N/A	\$_	N/A
Total		N/A	\$_	N/A
4.a. Furnish a statement of all expenses in connection with offering. Exclude amounts relating solely to organization expe- subject to future contingencies. If the amount of an expenditur to the left of the estimate.	nses of the issuer. The information	may be given as		
Transfer Agent's Fees			\$_	0
Printing and Engraving Costs			\$_	0
Legal Fees		×	\$_	86,000**
Accounting Fees			\$_	0
Engineering Fees			\$_	0
Sales Commissions (specify finders' fees separately)		×	\$_	430,000**/***
Other Expenses (identify)			\$_	0
Total		X	\$	516,000**
			-	

- *Does not include subscriptions to parallel funds, which, together with subscriptions to the issuer, equal \$3,085,500,000.
- ** Represents a pro rata portion of Fees and Expenses of issuer and all parallel funds, which are shared across all such funds based on commitments.
- *** The Investment Manager will bear full economic responsibility for any fees payable to any placement agent. The Limited Partners will not bear any such fees.

	b. Enter the difference between the aggregate offering price given in re-Question 1 and total expenses furnished in response to Part C - Question 1 and total expenses proceeds to the issuer."	uestion 4.a. T	his		X	\$1	,302,484,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer to be used for each of the purposes shown. If the amount for any purposer furnish an estimate and check the box to the left of the estimate, payments listed must equal the adjusted gross proceeds to the issue response to Part C - Question 4.b. above.	ose is not know The total of t	vn, he				
				Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees] \$			\$	
	Purchase of real estate	C] \$			\$	
	Purchase, rental or leasing and installation of machinery and equipment.	C	3 \$			\$	
	Construction or leasing of plant buildings and facilities	[] \$	·		\$	
	Acquisition of other businesses (including the value of securities involve offering that may be used in exchange for the assets or securities of issuer pursuant to a merger)	another] \$			\$	
	Repayment of indebtedness				_		
	Working capital	[] \$		_		
	Other (specify) Investment in Securities				_		,302,484,000
	Column Totals					\$ <u>1</u>	,302,484,000
	Total Payments Listed (column totals added)		,	図 \$	1,3	02,48	4,000
	D. FEDERAL S	IGNATURE					
s	he issuer has duly caused this notice to be signed by the undersigned dul ignature constitutes an undertaking by the issuer to furnish to the U.S. Sec formation furnished by the issuer to any non-accredited investor pursuant	curities and Ex	chan	ge Commission, upo			
Liı By	uer (Print or Type) Indsay Goldberg & Bessemer II - A L.P. Is Lindsay Goldberg & Bessemer GP II LLC, Ineral Partner	-S. B.	1				ate aly X, 2006
Na	me (Print or Type) Alan E. Goldberg Title (Print o	or Type)	A	uthorized Signate	ory		
_	ATTENT	TION		·		· · · ·	
	Intentional misstatements or omissions of fact constitu		nina	l violations. (See 1	8 U.	S.C. 10	001).